



# Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

## ***UI Online***

***Prezante yon Nouvo Reklamasyon pou Chomaj***

# Kijan pou Prezante yon Nouvo Reklamasyon pou Chomaj



## Pou Prezante yon Nouvo Reklamasyon pou Chomaj nan UI Online:

- **Limen konpitè a**
- **Konekte nan entènèt la**
- **Nan bar adrèsaj la, make [www.mass.gov/dua](http://www.mass.gov/dua) <enter>**

### Remak: Navigatè Web ki rekòmande yo se

#### Desktop Browser

[Microsoft®](#)

[Mozilla Firefox](#)

[Apple® Safari](#)

[Google® Chrome](#)

#### Windows® 7 and higher

Internet Explorer 9.x or higher

Vèsyon 35 oswa pi wo

Pa aksepte

Vèsyon 35 oswa pi wo

#### Mac® OS X 10.x

Microsoft Edge Pa aksepte

Vèsyon 35 oswa pi wo

Vèsyon 35 oswa pi wo

# Klike sou “Aplike pou Benefis Chomaj”



## Department of Unemployment Assistance




# Klike sou “Aplike pou Benefis Chomaj Anliy”



## Apply for unemployment benefits

Have you lost your job? You may qualify for temporary income to support you while you look for a new one.

 You should apply for unemployment benefits during your first week of total or partial unemployment. Most claims are processed within 21-28 days after filing. It may take longer if there is an issue with your claim.

Tcheke si w  
Kalifye epi  
apresa klike sou  
Aplike pou  
Benefis Chomaj  
Anliy

[Apply for unemployment benefits online →](#)

[Check eligibility →](#)

# Li Deklarasyon Avètisman an



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of Massachusetts

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\* Indicates Required Field

1. Li epi  
Klie pou  
Otorize

## WARNING

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.\*

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

Please provide your Social Security Number

Social Security Number:

\*

Confirm your Social Security Number:

\*

2. Make Nimewo  
Sekirite sosyal  
ou nan toulede  
kote yo

Next

3. Kike  
Kontin  
ye

# Demare Aplikasyon pou Benefis Chomaj yo



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- [Release Process](#)
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- [View and Maintain TAA Information](#)
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[Correspondence](#)

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[Searches](#)

[Workflow - Administrator](#)

[Workflow - Group](#)

[Workflow - My Inbox](#)

[Last Searches:](#)

- Claimant: 10510262
- Claimant: 10850078
- Claimant: 10507092
- Claimant: 10505635

## Unemployment Initial Claim Submit Process



### 1 Coronavirus Disease 2019 (COVID-19) Emergency Information

To expedite the issuing of payments there will be no "waiting week."

If you are unable to work due to the COVID-19 emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

## Getting Started with the Massachusetts Unemployment Benefits Online Application

[Do I meet the eligibility requirements?](#)

[When should I file for unemployment benefits?](#)

[What information will I need to apply for benefits?](#)

[What if I worked in another state?](#)

[How will my unemployment benefits be determined?](#)

[How are benefits paid?](#)

[Can I file if I was in the Military or worked for the Federal Government?](#)

[Web page viewing tips](#)

[System Security](#)

Klike pou  
Demare  
Aplikasyon  
an

[Start the Unemployment Benefits Application](#)

Upon Completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application.

**Your application will NOT be processed if you exit before you submit your unemployment benefit application.**

**Note :** Do not select the 'Back' button on your browser. Instead, use the [Previous](#) and [Next](#) buttons.

It would be beneficial to be connected to a printer in order to print important documents.



# Li Lis Kontwòl la epi Klike Kontinye



1. Li Lis  
Kontwòl  
Enfòmasyon a

## Unemployment Initial Claim Submit Process



### Information Checklist

Information you will need to supply in order to apply for unemployment benefits:

- Your Social Security Number
- If you are not a citizen of the United States, your alien registration number
- Your residential address
- Your mailing address
- Your telephone number
- Your birth date
- Your employment history (most recent 15 months) which includes:
  - The names of all your employers
  - Employer addresses
  - Employer phone numbers
  - Reasons for separation from your employers
  - Employment start and end dates
  - Recall dates
- The social security numbers and dates of birth for your dependents
- Your union name and local number (if you are a member of a union)
- If you were in the Military you will need information from your DD-214 Member 4 (not mandatory to apply)
- If you were a Federal Employee, you will need information from your SF8 (not mandatory to apply)
- Your e-mail address (optional)
- If you want to use direct deposit you will need your bank account number and bank routing number

Select [Print](#) if you would like to see this list in a printer-friendly window.

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2. Klike  
Kontinye



# Li Deklarasyon sou Otorizasyon Pwoteksyon Enfòmasyon Prive

Logon

\* Indicates Required Field

## Unemployment Initial Claim Submit Process

```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3)); 3 --> 4((4)); 4 --> 5((5)); 5 --> COMPLETE[COMPLETE];
```

### Data Privacy Authorization

The information you provide is required by the Department of Unemployment Assistance (DUA) to determine your eligibility for unemployment insurance benefits. This information is confidential and will not be disclosed except as allowed by law.

Your social security number is needed to file a claim, to identify you, to obtain wage information, to determine your eligibility for benefits and for reporting your receipt of unemployment compensation to the IRS and other government agencies for the administration of their programs. Your application cannot be processed without all personal and employment information requested herein. 26 U.S.C. 6109(a) requires DUA to obtain your social security number from you when you file your claim for benefits.

Employers are authorized by law to provide DUA with information needed to determine your eligibility for benefits. This information includes your dates of employment, wages paid and the reason for your employment separation. Information you provide about why you left specific employment may be disclosed to that employer so that DUA may determine your eligibility for benefits.

I certify that all information provided is accurate and that the answers to all questions are true and correct. I know that Massachusetts Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA will verify my information to assure its accuracy. By selecting 'Yes', I acknowledge that, under penalty of perjury, all information provided is complete and accurate to the best of my ability.

I have read and agree with the above: ☒ Yes ☐ No\*

Note: If you check 'No' you cannot continue through this application. Tell me more about [data privacy](#).

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1. Li Otorizasyon  
sou Pwoteksyon  
Enfòmasyon  
Prive

2. Si w  
Dakò,  
Klike Wi

3. Klike  
Kontinye



# Èske ou te travay tan pasyèl semèn dènyè?



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Logon

\* Indicates Required Field

## Unemployment Initial Claim Submit Process



1. Klike Wi  
sèlman si ou  
ta travay  
mwens pase  
pwogram  
travay nòmal  
ou an

When will my claim begin?

Your claim begin date will be:

Sunday, March 12, 2017

You may be eligible for an earlier begin date if you worked part-time last week. Did you work part-time last week?

☐ Yes ☐ No\*

2. Klike Non  
Si ou te travay  
kantite èdtan  
nòmal ou yo

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3. Klike  
Kontinye

# Èdtan Ou Te Travay



Commonwealth  
of Massachusetts

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\* Indicates Required Field

## Unemployment Initial Claim Submit Process



**Men poul:**

**1. Semèn w ap przante reklamasyon an**

### Work Hours

You may apply for unemployment benefits if:

- You were separated from employment.
- Your hours have been reduced and you will work less than your regular schedule of working hours.

1. During the week of Sunday, through Saturday,  
If you were totally unemployed please enter zero.

how many hours did you or will you work?  \*

2. How many hours do you normally work during the week?  \*

**4. Klike Kontinye**

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**2. Make kantite èdtan ou te travay nan semèn ou te prezante reklamasyon an (si w te travay) isit**

**3. Make kantite èdtan ou te travay pandan yon semèn travay nòmal isit**

# Premye Kesyon yo

1. Li mesaj enpòtan an

## Unemployment Initial Claim Submit Process



### 1 Coronavirus Disease 2019 (COVID-19) Emergency Guidance

Being impacted by COVID-19 may include but is not limited to the following:

- Employer closed
- Hours reduced
- You or someone in your household is quarantined
- You or someone you are caring for is "high risk" (older adults and/or persons with serious chronic medical conditions)
- Lack of childcare

2. Kike WI si COVID-19 la te enpakte w

Are you out of work because you have been impacted by the COVID-19?

☐ Yes ☐ No\*

### Initial Questions

Tell us about your employment.

1. Indicate all type(s) of employment you had since (1/1/2019) \*

- ☐ I have not worked since last year (1/1/2019)
- ☐ Employed in **Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed in **Non-Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed by the **Military** in Active Duty
- ☐ Employed as a **Federal Civilian**

3. Pifò aplikan se nan Massachusetts yo travay epi yo pral klike la a

4. Klike sou WI si ou te aplike pou benefis nan yon lòt Eta. Sinon, klike NON

2. Since 3/17/2019 have you applied for unemployment benefits from a state other than Massachusetts?

☐ Yes ☐ No\*

3. Enter your residential address:

5. Make adrès kay

Address Line 1:  \*

Address Line 2:  \*

City:  \*

State: MA - Massachusetts ☐ \*

ZIP Code:  \*

Country: US - United States Of Americ: ☐ \*

6. Clike WI si ou ap viv nan MA epi ou nan MA kounye a

4. Are you presently in Massachusetts?:

☐ Yes ☐ No\*



# Validasyon Adrès la



Commonwealth  
of Massachusetts

[Print Preview](#)

Logon

## Unemployment Initial Claim Submit Process



1. Klike sou  
kòd 4 chif la  
ak adrès ou  
an

### Address Validation - Residential

The address you entered is verified to ensure that the U.S. Post Office can deliver mail to that address. For faster mailing, we also add the zip+4code. Please select the most accurate mailing address below.

#### Possible Matches

- ☒ 19 Staniford St  
Boston, MA 02114-2502

#### Provided Address

- ☐ 19 Staniford Street  
Boston, MA 02114

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2. Klike  
Kontinye



# Make Enfòmasyon Demandè a



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of Massachusetts

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Field

1. Paj sa a  
pral parèt  
sèlman pou  
aplikan ki  
aplike pou  
premye fwa

2. Bay tout  
enfòmasyon  
yo ki gen  
zetwal

## Unemployment Initial Claim Submit Process



### Claimant Authentication

1. Enter your Social Security Number(No Dashes):
2. Confirm your Social Security Number:
3. Birth Date:
4. Gender:
5. First Name (as it appears on your Social Security card):
6. Middle Initial:
7. Last Name (as it appears on your Social Security card):
8. Driver's License Number:
9. Issued by State:

	*
	*
	*
<input type="radio"/> Female <input type="radio"/> Male	*
	*
	*
	*
Select One	▼

3. Ou PA BEZWEN  
make pèmi machin  
ni kat Eta a bay

4. Klike  
Soumèt

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Submit



# Make yon Nouvo Mòdpas ak Kesyon Sekirite



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of Massachusetts

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\* Indicates Required Field

1. Paj sa a pral  
aparèt sèlman  
pou aplikan ki  
aplike pou  
premye fwa

## Unemployment Initial Claim Submit Process



### Set Password

Please choose a new password and other information by entering it in the fields below and clicking Save. For additional information on password security, please refer to the [password guidelines](#).

#### Password Guidelines:

- at least 8 characters,
- an upper-case letter,
- a lower-case letter and
- a special character

New Password:	<input type="password"/>	*
Confirm Password:	<input type="password"/>	*
Security Question:	<input type="text"/>	✓*
Security Answer:	<input type="text"/>	*
Confirm Security Answer:	<input type="text"/>	*

2. Make  
Mòdpas epi  
reponns  
Kesyon  
Sekirite yo

*Remember this information. You will need it to access your claim online.*

Save

3. Klike  
Anrejistre



# Adrès Kourye Lapòs



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\* Indicates Required Field

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## Unemployment Initial Claim Submit Process



### Contact Information

First Name: **Charles**  
Middle Initial:  
Last Name: **Smith**  
Suffix:

### Residential Address

Address Line 1: **19 Staniford St**  
Address Line 2:  
City: **Boston**  
State: **MA**  
Zip: **021142502**  
Country: **US**

### Mailing Address

Check this box if Mailing Address is same as Residential Address: ☐

In care of (c/o):  
Address Line 1:  
Address Line 2:  
City:  
State: **MA - Massachusetts** ▼  
ZIP Code:  
Country: **US - United States Of Americ:** ▼

**Klike kaz la si  
Adrès kourye  
lapòs la menm  
ak Adrès kay la  
(si non, bay  
enfòmasyon pou  
Adrès la)**



# Adrès, Nimewo Telefòn, Metòd pou kominike ak Lang

Mailing Address

Check this box if Mailing Address is same as Residential Address:

☐

In care of (c/o):

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

Country:

MA - Massachusetts

US - United States Of America

Telephone Number

Home:

Cell:

Other:

International:

Enter email address:

Re-enter email address:

Correspondence Preference

Choosing electronic correspondence will ensure that benefits are processed and paid faster.

How would you like to receive your correspondence?

☐ Electronic

☐ US Mail\*

Note: If you select electronic correspondence you must provide an email address.

Primary Language

DUA will make best efforts to provide you with services in your primary language.

Is English your primary language?

☐ Yes

☐ No\*

1. Make Nimewo Lakay epi Nimewo Selilè (si ou gen yon selilè sèlman, make l nan toude liy yo

2. Make imèl la nan toulede liy yo si metòd kominikasyon ou pito a se vwa elektwonik (imèl)

3. Chwazi Elektwonik pou yo okipe demann ou yo pi vit

4. Èske Anglè se lang prensipal ou? Klike Wi ou Non

# Enfòmasyon Pèsonèl



[Print Preview](#)

## Unemployment Initial Claim Submit Process



2. Si ou pa yon sitwayen ameriken, w ap oblije prezante enfòmasyon anplis

1. Klike pou reponn kesyon Enfòmasyon Pèsonèl yo

3. Si w ap ajoute yon depandan, w ap bezwen bay enfòmasyon anplis

### Personal Information

1. Are you a Military Veteran ? ☐ Yes ☐ No\*
2. Race : \*
3. Are you of Hispanic heritage? : ☐ Yes ☐ No ☐ I choose not to answer\*
4. Select your highest level of education completed: \*
5. Do you have a Disability? ☐ Yes ☐ No ☐ I choose not to answer\*
6. Are you a U.S. citizen? ☐ Yes ☐ No\*
7. Are you required by a court order or other government agency to pay child support?
  - A. In Massachusetts? ☐ Yes ☐ No\*
  - B. In a state other than Massachusetts? ☐ Yes ☐ No\*
8. If you have qualified dependent children, you may be eligible to collect additional benefits. Click [here](#) to review the definition of qualified dependents. Do you wish to apply for dependency allowances? ☐ Yes ☐ No\*

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4. Klike Kontinye

# Enfòmasyon konsènan Travay



Friday, March 17, 2017

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\* Indicates Required Field

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## Unemployment Initial Claim Submit Process



### Work Information

1. Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent?

☐ Yes ☐ No\*

2. Have you been notified by an employer of a definite return to work date?

☐ Yes ☐ No\*

If Yes, enter your return to work date, and select means of notification:

(mm/dd/yyyy)

☐ In Writing ☐ Not in Writing

3. Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?

☐ Yes ☐ No\*

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1. Nan pifò ka yo, aplikan yo PA gen yon dat FIKS pou tounen travay

2. Klike Kontinye



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## Unemployment Initial Claim Submit Process



### Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

**2. Kilke  
Chèche**

Search

Reset

**1. Make  
Pozisyon  
ou**

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Note: Click on a different page number for additional job title options.

# Deskripsyon Seleksyone Djòb

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## Unemployment Initial Claim Submit Process



1. Seleksyone epi  
Klike sou  
Deskripsyon Djòb

### Information

Enter your job title and select **Search** to locate the most accurate description of your occupation.

- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

[Search](#)[Reset](#)

### Search Results

<a href="#">Select</a>	<a href="#">Job Title</a>	<a href="#">Description</a>
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants, Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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2. Klike  
Kontinye



# Kantite Ane Ou Te Travay



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## Unemployment Initial Claim Submit Process



### Additional Occupation Information

Job Title: **Bus Drivers, School or Special Client**

[Search](#)

To search for job title select search

How many years have you done this type of work?:

**Note:** If you have worked for less than one year, enter 1.

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**1. Make  
kantite ane  
ou te  
travay**

**2. Klike  
Kontinye**

# Chwa pou Kenbe Taks

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1. Chwazi epi  
klike sou Chwa  
pou Kenbe Taks

## Unemployment Initial Claim Submit Process



### Tax Withholding Options

Unemployment benefits are taxable income under both federal and Massachusetts law. You may be required to make quarterly estimated payments to federal and state income tax. I authorize the Department of Unemployment Assistance to do the following regarding income taxes withholding:

- ☐ Withhold Federal income tax at the rate of 10%; or
- ☐ Withhold State income tax at the rate of 5.1 ; or
- ☐ Withhold Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1 , for a combined rate of 15.1
- ☐ I choose not to have any income tax withheld from my benefits

**Note:** You may change your income tax withholding choice at any time.

2. Klike  
Soumèt

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# Chwazi Kat Debi oswa Depo Dirèk



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## Unemployment Initial Claim Submit Process



## Payment Options

All unemployment Insurance payments are electronic

with the exception of your first payment which will be made by paper check. When an unemployment benefit payment is made, the payment is made by either a:

- Deposit made to an unemployment debit card; or
- Direct deposit to a personal checking or savings account. Deposits can only be made to banks in the U.S

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below or if there is a problem with your direct deposit information.

- ☒ I would like my benefits paid via a **unemployment debit card**
- ☐ I would like my benefits paid by **direct deposit** to a personal bank account

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[Submit](#)

1. Depo  
dirèk pral  
asire yo  
travay sou  
demann lan  
pi rapidman

2. Klike  
Soumèt

# Aktyalizasyon Chomaj



Friday, March 17, 2017  
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## Unemployment Initial Claim Submit Process



### Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.

Employer Business Name	Employer Legal Name	Status	
Massachusetts Employment			
	{UnKnown}	INCOMPLETE	* <a href="#">Update</a> <a href="#">Delete</a>

### Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount. Click the "Add" button below to add additional Employment.

Employment Type:  [Add](#)

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1. Nan pifò ka yo, anplwayè a pral oto-popile epi li p ap nesesè pou aktyalize

2. Klike Aktyalize

3. Si anplwayè w lan pa parèt otomatikman, itilize lis dewoulan an epi ajoute yo

# Make Non Anplwayè a epi Chèche



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of Massachusetts

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## Unemployment Initial Claim Submit Process



### Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☐ Yes ☐ No\*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field.
- To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

### [View Search Tips](#)

Employer Name:	<input type="text"/>	<input type="checkbox"/> Contains
Employer City:	<input type="text"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

**3. Klike  
Chèche**

Search

Reset

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**1. Li esansyèl pou w  
make non anplwayè  
w lan, jan li parèt  
egzakteman nan bout  
chèk salè w oswa  
nan W-2. Si gen erè,  
sa gendwa fè  
reklamasyon w lan  
pral pran reta**

**2. Make  
non  
anplwayè a  
jan li parèt  
sou bout  
chak salè  
w oswa  
W-2 a**

# Chwazi epi Seleksiyone Anplwayè w lan



## Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☒ Yes ☐ No\*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field. To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

[View Search Tips](#)

Employer Name:	<input type="text" value="First Student"/>	<input type="checkbox"/> <a href="#">Contains</a>
Employer City:	<input type="text" value="Hanson"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

Review the following list of employers. After choosing your employer, select the **Next** button.

## Search Results

Select	<a href="#">Employer Doing Business As (DBA) Name</a>	<a href="#">Legal Name</a>	<a href="#">Employer Address</a>
<input checked="" type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	68 Industrial Blvd Ste 6, Hanson, MA, 02341-1547

[What if I cannot find my employer in the search results?](#)

2. **Klike Kontinye**

1. **Seleksiyone epi Klike sou Anplwayè w lan**



# Reponn Kesyon konsènan Anplwayè a



You selected you worked for:

Massachusetts Employer Legal Name: **FIRST STUDENT MANAGEMENT LLC**

Massachusetts Employer Doing Business As (DBA) Name: **FIRST STUDENT MANAGEMENT LLC**

Employer Legal Address:

**600 Vine St**

**Suite 1400**

**Cincinnati**

**Ohio**

**45202-2400**

Employer Physical Location Address:

**68 Industrial Blvd Ste 6**

**Hanson**

**Massachusetts**

**02341-1547**

## Most Recent Work Address

Enter the physical location where you performed work for this employer, if different than the address listed above.

Address Line 1:

Address Line 2:

City:

State: **Massachusetts**

ZIP Code:

Phone:

ext:

\*Did you work full time for this employer?

☐ Yes ☐ No

Enter your total period of employment with this employer:

Employment Start Date:

(mm/dd/yyyy)

Employment End Date:

(mm/dd/yyyy)

\* Have you been separated from this employer more than once since 1/1/2016?

☐ Yes ☐ No

\*Are you considered working on-call for this employer?

☐ Yes ☐ No

\*Are you a member of a corporation or a shareholder of this company?

☐ Yes ☐ No

\*Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

☐ Yes ☐ No

\*Are you a school Employee?

☐ Yes ☐ No

\*1. Are you paid by the city or town?

☐ Yes ☐ No

\*2. Are you paid by a private employer?

☐ Yes ☐ No

Nan pifò ka yo,  
repons yo pral  
Non

# Seleksyone epi Klike Deskripsyon Djòb



Commonwealth  
of Massachusetts



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## Unemployment Initial Claim Submit Process



### Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation. Once you have located the most accurate description of your occupation, select the button associated with the Job Title, select **Next**.
- Additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

[Search](#)

[Reset](#)

### Search Results

Select	<a href="#">Job Title</a>	<a href="#">Description</a>
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants" Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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**2. Klike Kontinje**

**1. Seleksyone epi  
Klike Deskripsyon  
Djòb**

# Chwazi epi Klike sou Rezon Ou Kite a



## Occupational Information

Enter your job title while working for the employer listed above:

\*Job Title: Bus Drivers, School or Special Client

To enter your job title for this employer select search

Search

## Reason For Separation from this employer

\*

- ☐ **Still Working:** You are working "part-time" or "on-call".
- ☐ **Layoff:** Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
- ☐ **Quit:** You decided to leave your employment for reasons including: another job; moved; to avoid being fired; work related, personal, or medical reasons.
- ☐ **Discharged:** Your employer ended your employment for a reason other than a layoff.
- ☐ **Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- ☐ **Suspension:** Your employer will not allow you to work pending an investigation or as a disciplinary action.
- ☐ **School Employee:** You are on a semester/term break from school-related employment.
- ☐ **Strike:** You are not working due to a strike.
- ☐ **Lockout:** You are not working as a result of a lockout.
- ☐ **Conviction:** You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

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1. Si reklamasyon w  
ap prezante a se akòz  
ijans COVID-19 la,  
Rezon ou Kite  
Travay la se  
LISANSIMAN

2. Klike  
Kontinye

# Klike pou ajoute yon Tit

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## Unemployment Initial Claim Submit Process



### Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- **If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.**

Employer Business Name	Employer Legal Name	Status		
<i>Massachusetts Employment</i>				
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	COMPLETE	* <a href="#">Update</a>	<a href="#">Delete</a>

### Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type:  [Add](#)

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2. Klike Kontinye

1. Lè tout Anplwayè yo fin ajoute epi STATUS la make konplè, klike kontinye

# Kesyon osijè Kalifikasyon



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\* Indicates Required Field

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## Unemployment Initial Claim Submit Process



1. Nan pifò ka yo,  
tout repons yo  
pral NON

### Eligibility Information

**Since Friday, January 1, 2016, have you applied for or are you receiving any of the following:**

1. Payments from a Union Pension Fund contributed to by one or more employers? (including lump sum and periodic payments) ☐ Yes ☐ No\*

2. Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.) ☐ Yes ☐ No\*

**Since Friday, January 1, 2016, have you received, applied for, or are you receiving any of the following:**

3. Workers' compensation payments for the loss of wages? ☐ Yes ☐ No\*

**Since Friday, January 1, 2016, have you received, are you receiving, or do you expect to receive any of the following:**

4. Vacation or Personal Time Off (PTO) pay because of or upon your severance of employment (includes temporary layoffs) ☐ Yes ☐ No\*

5. Severance Pay or any other payments due to separation from employment?

- Severance or other pay may include any types of payment such as severance pay, pay in lieu of dismissal notice, continuation pay (not performing services but still being paid), a retention or "stay" bonus or any other payment based on years or length of service. ☐ Yes ☐ No\*
- Does NOT include regular earnings for work performed.

**Since Friday, January 1, 2016:**

6. Were you paid to participate in or train for professional sporting events at any level as a coach, athlete, or referee? ☐ Yes ☐ No\*

7. Are you currently enrolled in a Full Time School or a training program?

- Full Time School is described as a course or training program providing a minimum of at least 20 hours of supervised classroom training per week or 12 credits each semester or the equivalent. ☐ Yes ☐ No\*

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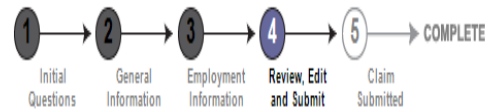
[Next](#)

2. Klike  
Kontinye

# Journal Aktivite Rechèch Travay



## Unemployment Initial Claim Submit Process



### Important Information about Your Unemployment Benefits

Please read and certify:

a. If you are unable to work due to the *Coronavirus – COVID-19* emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

b. If your current unemployment claim is not due to *Coronavirus – COVID-19* emergency:

- You still need to conduct a weekly work search.
- Acceptable work search activities include reviewing job postings online and working on your resume.
- You do not need to accept work offered to you if you are under quarantine or have been instructed to stay at home.

c. If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.\*

**1. Li epi  
konfime**

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**3. Klike  
Kontinye**



# Revize, Edite epi Soumèt Aplikasyon an



Commonwealth  
of Massachusetts

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\* Indicates Required Field

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## Unemployment Initial Claim Submit Process



### Application Not Yet Complete

Your **application is not yet submitted**. To complete your application you must do the following:

- Review your entries before submitting this claim by selecting the links below or scrolling down the screen.
- If you need to change your entries select the **Modify** button to go back to the appropriate section of the claim.
- Re-enter your social security number to verify your identity.
- Select Submit the Unemployment Benefits Claim, and wait for a confirmation page.

### Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

The following is a summary of your entries during this Unemployment Benefit Application process:

#### Initial Questions

Benefit Claim Effective Date: Sunday, March 26, 2017

What are your gross earnings for the week ending Saturday, March 25, 2017:

How many hours do you typically work during a week: 40

How many hours did you work during the week of Sunday, March 26, 2017 through

1. Revwa  
enfòmasyon yo  
anvan pou w  
soumèt  
Aplikasyon pou  
Benefis Chomaj  
la

# Revwa Premye Seri Kesyon yo



## Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

1. Revwa  
Premye Kesyon yo  
epi chanje repons  
yo sèlman si yo pa  
kòrèk

The following is a summary of your entries during this Unemployment Benefit Application process:

### Initial Questions

Benefit Claim Effective Date:	Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:	
How many hours do you typically work during a week:	40
How many hours did you work during the week of Sunday, March 26, 2017 through Saturday, April 1, 2017:	0
Are you unemployed as a direct result of a disaster:	No
Employed in Massachusetts (excluding military and federal civilian employment):	Yes
Employed in state other than Massachusetts (excluding military and federal civilian employment):	No
Employed by the Military in Active Duty:	No
Employed as a Civilian Federal Employee:	No
Since 3/27/2016 have you applied for unemployment benefits from a state other than Massachusetts:	No
Enter the ZIP code of your home address:	021142502

Modify

# Revwa Enfòmasyon yo



<b>General Information</b>	
First Name:	Charles
MI:	
Last Name:	Smith
<b>Residential Address</b>	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
<b>Mailing Address</b>	
In care of (c/o):	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
<b>Telephone Numbers</b>	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
<b>Correspondence Preference</b>	
How would you like to receive your correspondence:	Electronic
If Electronically, enter your email address:	csmith@detma.org
Re-enter email address:	csmith@detma.org
In order to properly staff our customer service center, indicate your preferred language, using this dropdown menu:	English
If your preferred language is not in the list above, select one from this dropdown menu:	

1. Revwa Tout  
Enfòmasyon yo pi  
chanje repons yo  
sèlman si yo pa  
kòrèk

# Revwa Enfòmasyon yo



1. Revwa  
Tout  
Enfòmasyon  
yo epi  
chanje  
repons yo  
sèlman si yo  
pa kòrèk

Personal Information	
Are you a military veteran:	No
Ethnic Heritage:	Not Hispanic or Latino
Race:	White
Select your highest level of education completed:	Master's Degree
Do you have a disability:	No
Are you a U.S. citizen?	Yes
Are you required by a court or other enforcement agency to pay child support in Massachusetts:	No
In a state other than Massachusetts:	No
Do you have qualified dependents:	No
Work Information	
Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent:	No
Is your employment seasonal:	No
Do you have a definite recall date:	No
If yes, what is your recall date:	-None-
Select your primary occupation:	Bus Drivers, School or Special
Years of Work:	10
Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?	No
Payment Options	
Tax withholding preference:	Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%
I would like my benefits paid by:	Debit Card
<a href="#">Modify</a>	

# Revwa Enfòmasyon Anplwa yo



## Massachusetts Employment Information

1. Revwa tout  
Enfòmasyon sou  
Anplwa yo epi modifye  
sèlman repons yo ki pa  
kòrèk

MA Employer Legal Name:	FIRST STUDENT MANAGEMENT LLC
MA Employer Doing Business As (DBA) Name:	FIRST STUDENT MANAGEMENT LLC
Employer Legal Address:	600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115 68 Industrial Blvd Ste 6 Hanson Massachusetts 023411547 7814474445
Employer Physical Address:	Massachusetts 023411547 7814474445
Physical location Where Work Was Performed:	
Employment Start Date:	Saturday, January 2, 2010
Employment End Date:	Friday, March 24, 2017
Have you had multiple periods of Employment with this Employer since Friday, January 1, 2016:	Yes
Are you considered working on call for this Employer:	No
Did you work full time for this Employer:	Yes
Are you a member of a corporation or a shareholder of this company:	No
Are you a sole-proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole-proprietorship and/or partnership at this company:	No
Are you a school employee:	No
1. Are you paid by the city or town:	
2. Are you paid by a private employer:	
Reason for separation from this Employer:	<b>Layoff:</b> Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
Most Recent Employment Begin Date:	Monday, February 27, 2017
Most Recent Employment End Date:	Friday, March 24, 2017
Occupation with this employer:	Bus Drivers, School or Special

# Revwa Enfòmasyon yo epi Verifye Idantite



2. Klike la apre ou verifye Idantite ak presizyon Enfòmasyon yo

1. Revwa Enfòmasyon Kalifikasyon epi chanje repons yo sèlman si yo pa kòrèk

Eligibility Information	
Have you applied for or are you receiving payments from a union pension fund contributed to by one or more employers:	No
Have you applied for or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer:	No
Have you applied for or are you receiving workers' compensation payments for the loss of wages:	No
Have you applied for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment:	No
Have you applied for or are you receiving severance or other payments due to separation from employment:	No
Were you paid to participate in, or train for professional sporting events at any level as coach, athlete, or referee:	No
Are you currently enrolled in school or a training program:	No

[Modify](#)

4. Klike pou soumèt Aplikasyon Benefis Chomaj yo

3. Make Nimewo Sekirite sosyal ou

Identity Verification	
<input type="checkbox"/> *	<b>I have answered all questions fully and truthfully.</b> I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.
By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is as complete and accurate to the best of my ability.	
Enter Your Social Security Number:	<input type="text"/> *

[Submit the Unemployment Benefit Application](#)

**Note :** Upon completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application. **Your application will NOT be processed if you exit before you submit your unemployment benefit application.**



# Nou Voye Reklamasyon an epi N ap Kòmanse Travay sou li



Print this page for your records. [Print Page](#)

Your claim has been sent for processing.

Your next steps:

✓ **Request benefits each week Sunday through Saturday between 6:00am and 10:00pm (EST) by:**

- Visiting [www.mass.gov/dua](http://www.mass.gov/dua) and logging into your UI Online Account or,
- Calling DUA Telecert at 617-626-6338

✓ **Check your UI Online account frequently.** Log in and go to My Home Page to see important messages, check the status of your claim, and update your information.

Your Responsibility:



Learn about TOP - the [Training Opportunities Program](#) that pays benefits when you attend full-time, approved training.



Read your [Claimant Guide](#). It explains how to manage your claim, get help with your job search, and handle problems or questions.



Go to a [One-Stop Career Center](#) to get help with your job search. There are Centers [in all major cities](#) and many branch offices across our state.



Sign up with [JobQuest](#). It's a website that connects job seekers with employers.



To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

Klike bouton an  
epi Ale nan Paj  
Dakèy la pou  
gade  
Enfòmasyon  
Demandè a

[Go to My Home Page](#)

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## My Home Page

## My Inbox

## View and Maintain Account Information

[Estimate Future Benefits](#)

[View And Request 1099G](#)

[View UI Records](#)

[Request TOP Application](#)

### ! Coronavirus Disease 2019 (COVID-19) Emergency Information

To expedite the issuing of payments there will be no "waiting week."

If you are unable to work due to the COVID-19 emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

## Benefits Overview ⓘ

Claimant ID: 10850152

! Your application for unemployment benefits has been received and your employer(s) are being contacted for wage and separation information. You will receive a determination in the mail or a notification by email when your application is processed. It is your responsibility to come back each week and request benefits. ✕

If your claim is approved you will only be paid for weeks that you have requested and for which you are found eligible. Learn more about the [UI Claims Process](#) and review [important information about requesting weekly unemployment benefits](#).

! You may submit your next benefit request beginning Sunday 03/22/2020 through Saturday 03/28/2020.

### Claim Information

Benefit Year: 3/15/2020 - 3/13/2021

[When do I request payment for Benefits?](#)

Last Requested Week: None

[View Weeks Claimed](#)

## Payments Overview ⓘ

You have no recent payments

### Recent Payments

There were no payments made in the last 90 days.

[View Payment History](#)

### Payment Preferences

Federal Tax Withholding: 0.00%

[Manage Payment and Tax Options](#)

State Tax Withholding: 5.05%

Payment Method: Debit card

## Messages from DUA

! Get instant account updates! [Change your Preferred Contact Method](#) to "Electronic" and receive instant notifications via email.